

Montana Wildlife Center

Volunteer Application

How did you hear about the Montana Wildlife Center? _____

Why do you want to volunteer at MWC? _____

Have you ever worked with animals? Please explain. _____

How do you feel education plays a role in wildlife rehabilitation? _____

Discuss your views and emotions should the necessity of euthanasia arise while you are actively volunteering or on the premises. _____

Are you willing to be contacted in an emergency situation, at inconvenient hours? _____

What would you like to personally gain from volunteering here? _____

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Volunteer Application

Name: _____ Date of application: _____

Birth date: _____ Social Security Number: _____

ID: (SS Card, state ID, drivers license) _____ Attach copy

Phone Number: (H) _____ (Cell) _____ (Other) _____

Address: _____

Emergency Contact (1): _____ Relationship: _____

Phone Number: (H) _____ (Cell) _____ (Other) _____

Address: _____

Emergency Contact (2): _____ Relationship: _____

Phone Number: (H) _____ (Cell) _____ (Other) _____

Address: _____

Medical Information: volunteers must make note of any medical changes for the entire duration of volunteer service. Please attach any additional sheets if needed.

Medications within the past 2 months: _____

Medical history of concern: i.e. allergies, epilepsy, physical restrictions: _____

Primary care physician: _____

Phone Number: (H) _____ (Cell) _____ (Other) _____

Address: _____

Have you ever been convicted of a felony or misdemeanor crime? (yes/no) _____

Have you ever been involved in any hunting violations? (yes/no) _____